

Contractor Intake Instructions

All New DSHS Contractors must:

- Complete, sign and submit this form before a DSHS contract can be created.
- Complete and return a Request of Taxpayer Identification Number and Certification (W-9) before any payment for services will be made. A W-9 form is available at <http://www.ofm.wa.gov/isd/vendors/w9.doc>

All Existing DSHS Contractors who have changed their business name/business organization, or experienced other significant changes, must complete, sign, and submit this form.

Section One: Contractor Name/Business Organization

1. Contractor name.

- For an Individual or Sole Proprietor, enter your name as shown on your Social Security card on the "Name" line. Sole Proprietors provide Last Name, First Name, Middle Name, and Suffix.
- Other entities. Enter your business name as shown on the legal document creating the entity.

2. Business Organization. Please mark only one.

- If you are a nonresident alien foreign person or foreign entity, the IRS may require you to complete Form W-8.
- If you are a Non-profit Corporation or a Faith-Based Non-Profit Corporation **attach a copy of your 501(c)(3) status.**

3. Taxpayer Identification Number (TIN).

- Individual or Sole Proprietor - If you are a sole proprietor you may enter either your Social Security Number (SSN), or if you have one, your federal Employee Identification Number (EIN).
- Other Business Entities - Enter the entity's Employee Identification Number (EIN). If the entity does not have an EIN, enter the SSN of the owner of the business.
- Resident alien. - If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the SSN box.

4. Default Reported, Fiscal Year, UBI Number, and Business License

- List any contracts that you have had with the state that have been terminated for default.
- Provide your fiscal year end date.
- Provide your Washington State Uniform Business Identifier (UBI) Number.
- **Attach a copy of your State Master Business License.** You may be exempt from registering with the State of Washington if:
 1. Your annual gross income from activities in Washington State is less than \$12,000;
 2. Your business is not required to collect or pay sales tax or use tax; and
 3. Your business is not required to obtain a license or registration from another Washington State agency.

Section Two: Contractor Primary Address Enter the primary address information of your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific address in addition to your primary one, please do so in Section Five.

Section Three: Contractor Ownership Check those that apply to your organization. If you have a certification number, please provide that also.

Section Four: Contractor Contact Person(s) Enter the primary contact information for your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific contact person other than your primary one, please do so in Section Five.

Section Five: Additional Information

1. **Contractor Additional Addresses.** If applicable, provide additional addresses used for DSHS Contracts.
2. **Contractor Additional Staff.** If applicable, provide additional staff information for DSHS Contracts. Additional staff may include those who have authority to sign a DSHS contract on behalf of the business, and are referred to as a signatory.

Section Six: Contractor Certification You must sign, date, and return this form before DSHS will issue a contract.

Contractor Intake

Section One: Contractor Name/Business Organization		(DSHS staff enter on ACD Intake Detail screen)	
1. CONTRACTOR NAME		DBA OR FACILITY NAME	
2. BUSINESS ORGANIZATION <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> Non-Profit Corporation (<u>Attach a copy</u> of 501(c)(3) status) <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Faith Based (FBO) Non-Profit Corporation <input type="checkbox"/> Faith Based (FBO) Unincorporated <input type="checkbox"/> Governmental Entity </div> <div style="width: 48%;"> <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor <input type="checkbox"/> Limited Liability Company, filing as a Corporation <input type="checkbox"/> Limited Liability Company, filing as a Partnership <input type="checkbox"/> Foreign Person or Entity </div> </div> <p style="text-align: center; margin-top: 10px;">If your business is <u>NOT</u> a sole proprietorship, <u>attach a list</u> of the partners, members, directors, officers, and board members.</p>			
3. TAXPAYER IDENTIFICATION NUMBER (TIN) Enter your TIN in the appropriate box. <ul style="list-style-type: none"> For individuals, this may be your Social Security Number (SSN). For other entities, it is your Employer Identification Number. 		Social Security Number OR Employer Identification Number	
		<div style="border-top: 1px solid black; width: 100%;"></div> (Enter all 9 numbers, NO DASHES)	
		<div style="border-top: 1px solid black; width: 100%;"></div> (Enter all 9 numbers, NO DASHES)	
4. DEFAULT REPORTED, FISCAL YEAR, UBI NUMBER, AND BUSINESS LICENSE Have you had any contract with the state terminated for default? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <u>attach a list</u> of terminated contracts with an explanation why each contract was terminated. Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what is your fiscal year end date? _____ What is your Washington State Uniform Business Identifier (UBI) Number? _____ (Enter all 9 numbers, NO DASHES) <u>Attach</u> a copy of your current Washington State <u>Master Business License</u> . If you do not have a Washington State Master Business License, explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.)			
Section Two: Contractor Primary Address		(DSHS staff enter on ACD Intake Detail screen)	
CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)		ADDRESS DESCRIPTION	
CITY, STATE, AND ZIP CODE			
EMAIL ADDRESS		COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	
PHONE NUMBER (INCLUDE AREA CODE) ()		FAX NUMBER (INCLUDE AREA CODE) ()	

Section Three: Contractor Ownership Type	(DSHS staff enter on ACD Intake Detail screen)
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Do any of the following descriptions apply to your business? If so, please check those that apply.

	YES	NO	IF CERTIFIED, ENTER OMWBE CERTIFICATION NUMBER
Disadvantaged Business Enterprise	<input type="checkbox"/>	<input type="checkbox"/>	_____
Woman Owned Business Enterprise	<input type="checkbox"/>	<input type="checkbox"/>	_____
Minority Owned Business Enterprise	<input type="checkbox"/>	<input type="checkbox"/>	_____
Community Based Organization	<input type="checkbox"/>	<input type="checkbox"/>	

Section Four: Contractor Primary Contact Person	(DSHS staff enter on ACD Intake Detail screen)
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Primary contact person is a(n):

☐ Officer or Board Member
 ☐ Partner
 ☐ Staff Member
 ☐ Elected Official

☐ Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the primary contact person a current or former State Employee? ☐ Yes ☐ No

If yes, complete Ethics Certification enclosed with this form.

Is the primary contact person authorized to sign contracts? ☐ Yes ☐ No

PRIMARY CONTACT NAME	PHONE NUMBER (INCLUDE AREA CODE) ()
FAX NUMBER (INCLUDE AREA CODE) ()	PRIMARY CONTACT EMAIL ADDRESS
PAGER NUMBER (INCLUDE AREA CODE) ()	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()

Section Five: Additional Information	(DSHS staff enter on Intake Detail – Sub Information Summary screens)
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1. ADDITIONAL CONTRACTOR ADDRESSES: IF YOU HAVE MORE THAN TWO ADDITIONAL ADDRESSES, YOU MAY **ATTACH** A LISTING OF ADDITIONAL ADDRESSES.

<input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> Mailing address	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER) <hr/> CITY, STATE, AND ZIP CODE	ADDRESS DESCRIPTION
PHONE NUMBER (INCLUDE AREA CODE) ()	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	
FAX NUMBER (INCLUDE AREA CODE) ()	EMAIL ADDRESS	

<input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> Mailing address	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER) <hr/> CITY, STATE, AND ZIP CODE	ADDRESS DESCRIPTION
PHONE NUMBER (INCLUDE AREA CODE) ()	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	
FAX NUMBER (INCLUDE AREA CODE) ()	EMAIL ADDRESS	

2. ADDITIONAL STAFF: IF YOU HAVE MORE THAN TWO ADDITIONAL STAFF (LISTED BELOW), WHO ARE ALSO RELEVANT TO YOUR DSHS CONTRACTS, PLEASE PROVIDE INFORMATION ABOUT THOSE STAFF ON A SEPARATE PAGE.

Additional staff person is a(n):

☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official
☐ Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff a current or former State Employee? ☐ Yes ☐ No

If yes, complete Ethics Certification enclosed with this form.

Is the additional staff authorized to sign contracts? ☐ Yes ☐ No

Is the additional staff a contact for DSHS contracts? ☐ Yes ☐ No

ADDITIONAL STAFF NAME

PHONE NUMBER (INCLUDE AREA CODE)

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FAX NUMBER (INCLUDE AREA CODE)

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ADDITIONAL STAFF EMAIL ADDRESS

PAGER NUMBER (INCLUDE AREA CODE)

()

CELLULAR PHONE NUMBER (INCLUDE AREA CODE)

()

Additional staff person is a(n):

☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official
☐ Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff a current or former State Employee? ☐ Yes ☐ No

If yes, complete Ethics Certification enclosed with this form.

Is the additional staff authorized to sign contracts? ☐ Yes ☐ No

Is the additional staff a contact for DSHS contracts? ☐ Yes ☐ No

ADDITIONAL STAFF NAME

PHONE NUMBER (INCLUDE AREA CODE)

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FAX NUMBER (INCLUDE AREA CODE)

()

ADDITIONAL STAFF EMAIL ADDRESS

PAGER NUMBER (INCLUDE AREA CODE)

()

CELLULAR PHONE NUMBER (INCLUDE AREA CODE)

()

Section Six: Contractor Certification (DSHS staff enter on ACD Intake Detail as Intake Form Date)

You must sign, date, and return this form.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.

SIGNATURE

DATE

PRINTED NAME

TITLE

ATTACHED SUPPORTING DOCUMENTATION CHECKLIST

- ☐ Copy of your W-9 - Request of Taxpayer Identification Number and Certification
- ☐ Copy of statement showing non-profit 501(c)(3) status (if applicable)
- ☐ List of partners, members, directors, officers, and board members (not applicable to sole proprietors)
- ☐ Copy of your Washington State Master Business License
- ☐ List of any contracts you have had with the state that have been terminated for default, including a brief explanation (if applicable)
- ☐ Ethics Certification (if applicable)
- ☐ List of Additional Addresses (if applicable)
- ☐ List of Additional Staff (if applicable)
- ☐ Copy of your Certificate of Insurance